Notifiable Disease Surveillance Monthly Report

Metro Public Health Department

Date: June 8, 2004



May 2004 Reported Notifiable Diseases at a Glance

J		ubie Biscuses ut u		
Disease	May 2004	Cumulative through May 2004	May 2003	Cumulative through May 2003
AIDS* - pages 3 & 4	28	116	40	109
HIV* - pages 3 & 4	19	122	38	127
Sexually Transmitted Diseases - page 3				
Chlamydia	208	1,021	244	1,036
Gonorrhea	81	462	143	582
Primary and Secondary Syphilis	2	5	2	9
Other Syphilis	15	67	10	68
Tuberculosis - page 8	7	25	3	23
Communicable Diseases ** - pages 5-7				
Gastrointestinal Diseases ¹	14	44	10	37
Hepatitis A	0	11	0	3
VRE & DRSP ²	0	23	8	43
Neisseria meningitidis Disease	0	1	0	0
Bacteremia and meningitis caused by:				
Haemophilus influenzae	1	3	1	3
Group A streptococcus	3	11	2	10
Listeria monocytogenes	0	0	0	0
Other Bacteria ³	0	0	0	3
Other Communicable Diseases ⁴	6	16	7	22
Vaccine-preventable Diseases**- pages 5 & 7				
Influenza-like Illness^	0	179	0	917
Other ⁵	0	3	0	7

^{*}Includes both Davidson County residents and non-Davidson County residents

^{**}Presented on this page by event date

[^]Includes cases reported as confirmed and probable

¹ Gastrointestinal diseases = campylobacteriosis, *E-coli* 0157:H7, giardiasis, salmonellosis, and shigellosis

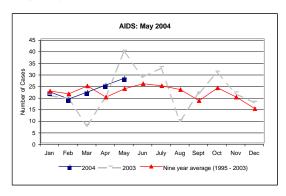
 $^{^2}$ VRE = Vancomycin resistant enterococci / DRSP = drug resistant Streptococcus pneumoniae

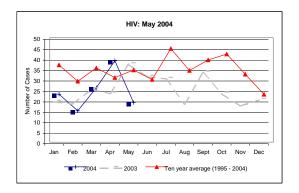
³See page 9 for a list of bacteria included in this category

 $^{^4}$ Includes diseases listed in tables on pages 5 through 7 categorized as "Other"

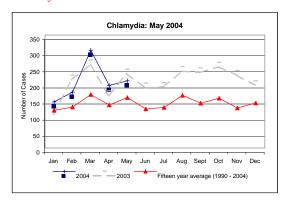
⁵Includes diphtheria, measles, mumps, pertussis, and tetanus

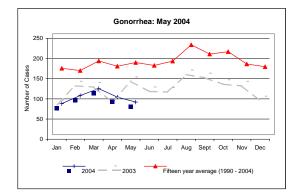
HIV/AIDS

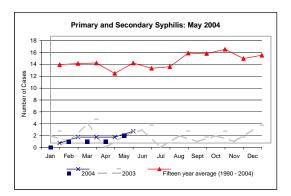




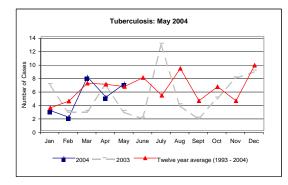
Sexually Transmitted Diseases

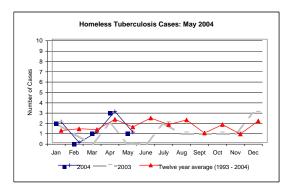




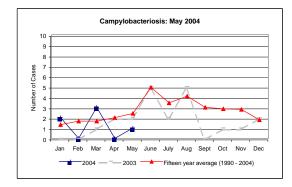


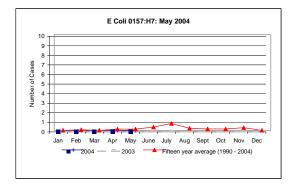
Tuberculosis

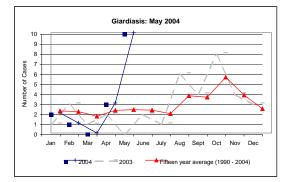


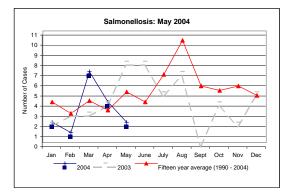


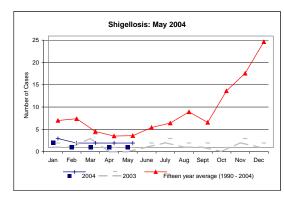
Gastrointestinal Diseases



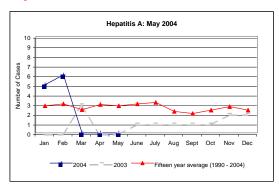


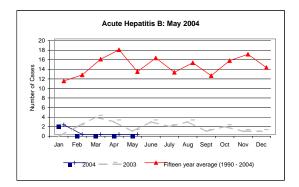


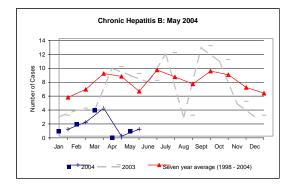


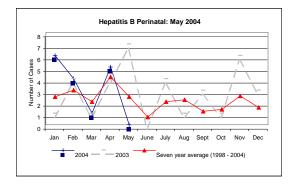


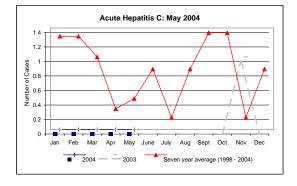
Hepatitis

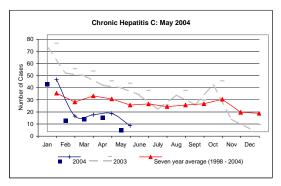




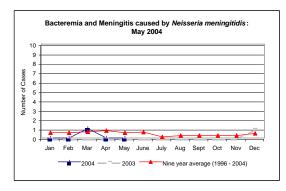


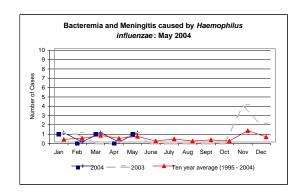


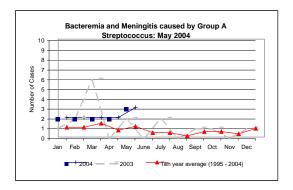


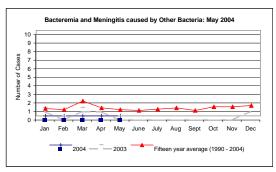


Meningitis

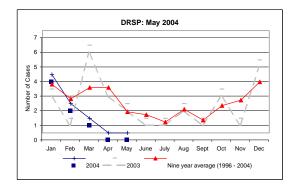


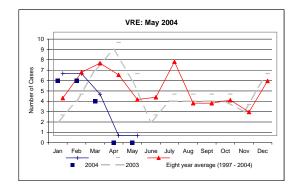




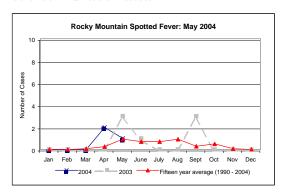


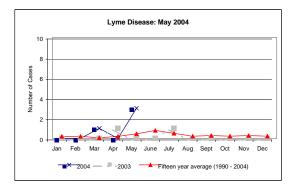
DRSP and VRE

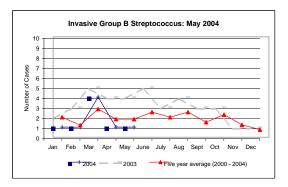




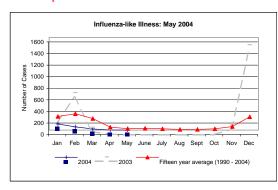
Other Communicable Diseases

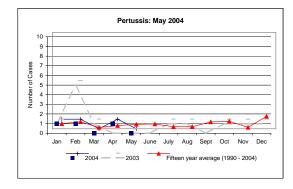






Vaccine-preventable Diseases





Notifiable Disease Surveillance Monthly Report: AIDS/HIV/STDs

Month: May, 2004 by Date of Report

Disease	Reported Cases	Place	of Diagnosis		Ra	ace			Gender						A	ge					Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	Unk	May, 2003
								AIDS/HI	V												
AIDS*	28		28	15	11	2		26	2					5	11	10	2				40
HIV*	19	2	17	10	7	2		18	1					3	8	7	1				38
								S	exually Ti	ansmitte	l Diseases						•				
Chlamydia	208	91	117	62	116	1	29	63	145				64	119	21	2	1		1		244
Gonorrhea	81	33	48	19	47	1	14	44	37				19	43	12	5	2				143
Syphilis, Primary																					1
Syphilis, Secondary	2		2	2				2						1				1			1
Syphilis, Congenital																					
Syphilis, Other	15	13	2	4	11			10	5					3	4	7	1				10
Total Syphilis	17	13	4	6	11	0	0	12	5	0	0	0	0	4	4	7	1	1	0	0	12
Total STDs	306	137	169	87	174	2	43	119	187	0	0	0	83	166	37	14	4	1	1	0	399
Syphilis Cases Who Were									1												
Homeless	1		1		1			Cm	_	through	May, 20	1014			1						2
								Cui		IDS/HIV											
Ame	440		440						l	100/1111					40						400
AIDS* HIV*	116 122		116	53	55	8		98 104	18			1	1	19	43	36	14	_	3		109
HIV	122	27	95	59	55	8			18 evually Tr	ansmitte	l Diseases		5	24	41	38	11	1			127
	4.004								1	ansmitte	Diseases						l .				1000
Chlamydia	1,021	387	634	281	590	9	141	317	704				341	567	91	17	4		1		1,036
Gonorrhea	462	194	268	90	299	4	69	251	211		_	1	115	211	80	42	10	1	2		582
Syphilis, Primary											_										3
Syphilis, Secondary	5		5	4	1			5						1	1	2		1			6
Syphilis, Congenital																					
Syphilis, Other	67	15	52	25	42			48	19				1	11	16	25	12	1	1		68
Total Syphilis	72	15	57	29	43	0	0	53	19	0	0	0	1	12	17	27	12	2	1	0	77
Total STDs	1,555	596	959	400	932	13	210	621	934	0	0	1	457	790	188	86	26	3	4	0	1,695
Syphilis Cases Who Were Homeless	3		3	1	2			2	1						1	2					4

Blank space = No report received

Includes both Davidson County and non-Davidson County residents

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Davidson County Resident Only

Month: May, 2004 by Date of Report

	_			_					, ,	•											
Disease	Reported Cases	Place of	Diagnosis		Ra	ace			Gender						A	ge					Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2003
									A	AIDS/HI	I										
AIDS	27		27	14	11	2		25	2					5	10	10	2				29
HIV	18	2	16	9	7	2		17	1					3	7	7	1				26
	-	•						Cum	ulative	Throug	h May,	2004									•
		_							A	IDS/HI	Į.										
AIDS	91		91	33	51	7		75	16				1	16	33	27	12		2		84
HIV	91	24	67	37	48	6		77	14			1	3	17	31	28	9	1	1		89

	Notifiable	Disc	ease S	urve	illan		onth onth:	•	-						vids	on C	oun	ty Re	eside	ent O	nly
Disease																Previous Year					
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2003
_									I	AIDS/HIV	V										
AIDS	1		1	1				1							1						11
HIV	1		1	1				1							1						12
					•	•	•	Cun	nulative	Throug	h May,	2004									
		_																			
AIDS	25		25	20	4	1		23	2					3	10	9	2		1		25
HIV	31	3	28	22	7	2		27	4				2	7	10	10	2				38

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable Month: May, 2004 by Event Date

Disease	Reported Cases		R	ace			Gender	J						Age					Previous Year
Distance		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39		50 - 59	60 - 69	70+	Unk	May, 2003
	-						Gastrointes				122 20	1 22 20	30		1 2 20				,,
Campylobacteriosis	1	1				1											1		2
E-Coli 0157:H7	•					-											-		
Giardiasis	10		1	4	5	6	4			6	1	2		1					
Salmonellosis	2	1	1	*	1	-	2				1	1		1					8
	1	- 1			1		L					1	1	1					
Shigellosis		_		_				1											
Total	14	2	1	4	7	7	6	A, B, and	0	6	1	3	1	2	0	0	1	0	10
	1						перация	A, D, and	C	Π	T	I	Π	ſ	I	l			
Hepatitis A																			
Hepatitis B								I		1	1	1		Г	1	I			
-Acute																			1
-Chronic	1				1		1							1					8
-Perinatal																			7
Hepatitis C																			
-Acute																			
-Chronic	5	1		1	3	1	4							2	1	2			40
Total	6	1	0	1	4	1	5	0	0	0	0	0	0	3	1	2	0	0	56
						Bacter	ial Menin	gitis and I	Bacteren	nia									
Neisseria meningitidis Disease																			
Bacteremia and meningitis caused by:			1	1	1		1	ı				1		1		ı			
Haemophilus influenzae	1	1				1									1				1
Group A Streptococcus	3	1			2	2	1				1			1			1		2
Listeria monocytogenes																			
Other Bacteria																			
Total	4	2	0	0	2	3	1	0	0	0	1	0	0	1	1	0	1	0	3
							DRS	SP/VRE											
DRSP																			2
VRE																			6
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
							C	Other											
Rocky Mountain Spotted Fever	1	1				1				1									3
Enterohemorrhagic E coli, shiga+	1				1		1			1									-
Invasive Group B Streptococcus	1	1			_	1	_								1				4
Lyme Disease	3		_		3	1	2	_	-	-	<u> </u>	2		1					
Total	6	2	0	0	4	3	3	0	0	2	0	2	0	1	1	0	0	0	7
Total of Communicable Diseases	30	7	1	5	17	14	15	1	0	8	2	5	1	7	3	2	2	0	84
		<u> </u>					ccine-prev			L_	<u> </u>		<u> </u>	· ·				_ <u></u>	
Diphtheria						1	III pier												
Influenza-like Illness																			
Measles						-			-		1								
Mumps																			
Pertussis																			
Tetanus																			
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*Reported as confirmed cases

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable Cumulative Through May, 2004 by Event Date

	1					1		viay,	~00	· ·	LVC	11111							
Disease	Reported Cases	****		ace			Gender			T	T	T		Age	T	T	T		Previous Year
		White	Black	Other	Unk	Male	Female Gastrointe	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2003
		_					1	stinai Dis	eases	1	Г	Г	1	Г	1	1			
Campylobacteriosis	6	3			3	5	1				1	2	1		1		1		5
E-Coli 0157:H7																			
Giardiasis	16		2	4	10	11	5			8	3	3		2					7
Salmonellosis	16	4	2	1	9	5	10	1		3		4	4	3	1	1			20
Shigellosis	6	3			3	3	1	2		3			2		1				5
Total	44	10	4	5	25	24	17	3	0	14	4	9	7	5	3	1	1	0	37
							Hepatitis	A, B, and	l C										
Hepatitis A	11	2	2	5	2	6	5			1	4	2		3	1				3
Hepatitis B				•							•	•		•					
-Acute	2	2				1	1						1	1					10
-Chronic	8		1		7	5	3						2	5	1				29
-Perinatal	16				16		16				1	8	7						17
Hepatitis C			1	1															<u> </u>
-Acute	0																		
-Chronic	90	48	20	2	20	61	29		1		1	2	11	41	26	5	3		261
-Chronic Total	127	52	23	7	45	73	54	0	1	1	6	12	21	50	28	5	3	0	320
Total	127	52	23	- /	45		ial Menin				6	IZ	21	50	28	э	3	U	320
			_				iai Menin	gius and i	Sacteren	11a	Г	ſ	1	ſ	1	I -	Π		
Neisseria meningitidis Disease	1		1			1										1			
Bacteremia and Meningitis caused b	v:																		
Haemophilus influenzae	3	2	1			1	2							1	1	1	1		3
Group A Streptococcus	11	3	2		6	6	4	1			1		1	2	1	2	3	1	10
Listeria monocytogenes		J	-			,	-	_			_		-	-	-			-	10
Other Bacteria																			3
Total	15	5	4	0	6	8	6	1	0	0	1	0	1	3	2	3	4	1	16
1 Otal	15	3	4	U				SP/VRE	U	U	1		1	3	Z	3	4	1	10
	1 -						1			T _	Г	Γ.	1	Γ.	1	I -	-		
DRSP	7	4	2		1	3	3	1		2		1		1		1	2		15
VRE	16	8	6		2	4	12			-		1	1	2	1	2	9		28
Total	23	12	8	0	3	7	15	1	0	2	0	2	1	3	1	3	11	0	43
								Other											
Invasive Group B Streptococcus	8	3	3		2	3	5							1	1	1	5		18
Lyme Disease	4	-			4	1	3					2		1	1				1
Rocky Mountain Spotted Fever	3	3				3				1						1	1		3
Enterohemorrhagic E coli, shiga+	1	_	_	_	1		1	_	_	1	_	_	_	_		_	_		
Total	16	6	3	0	7	7	9	0	0	2	0	2	0	2	2	2	6	0	22
Total of Communicable Diseases	225	85	42	12	86	119	101	5	1	19	11	25	30	63	36	14	25	1	438
							ccine-prev		iseases										
Diphtheria																			
Influenza-like Illness	179*				179			179										179	917*
	1/9				1/9			1/9										1/3	317
Measles																			
Mumps	_				-		-			-									
Pertussis	3	2			1	2	1		2	1									7
Tetanus																			
*Reported as confirmed cases	182	2	0	0	180	2	1	179	2	1	0	0	0	0	0	0	0	179	924

*Reported as confirmed cases Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Hepatitis Risk Factors Month: May, 2004 by Event Date

	see deyeares Sexual Sexual Household Other South Central America Astrica Carthean Astrica Carthean Astrica Carthean Middle East Astrica Astrica Astrica Carthean Middle East Astr																		
Risk Factor				Ra	ace			Gender						A	ge				
			White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk
					Н	epatitis A	1												
During the 2 - 6 weeks prior to illness:																			
Child/employee daycare																			
Household contact to child in daycare																			
Contact to case																			
Sexual																			
Foodhandler																			
Consume raw shellfish																			
Part of common-source outbreak																			
Travel																			
				-															
				<u> </u>	-							<u> </u>							
				-	 							-							
																			
				-	-						-	-		-	-	-			
Duration							_			_									
Total Reported Cases	0	0																	
					H	epatitis I	3												
During the 6 weeks - 6 months prior to illness:																			
Contact to case																			
Employed in medical/dental field																			
Receive blood products																			
Associated with dialysis or kidney transplant unit																			
Inject street drugs																			
Sexual Preference																			
Number of sex partners																			
																			T
																			†
				<u> </u>	<u> </u>						l	-							
			-				_			_	-			-	-	-			
Dental surgery								l .			l	-		1	 	 	l .		
Other surgery																			
																			
Acupuncture				-	-						-	-			-	-			-
Tattoo					-						ļ								
Accidental needle stick																			ļ
Object contaminated with blood							_			_									
Received 3 dose hepatitis B series																			
Yes														ļ		ļ			1
No				L	<u> </u>							<u> </u>		<u> </u>					
Total Reported Cases	0	0																	
*When the NETSS field for a specific risk factor is blank (not marked	yes or no), that c	ase will be reflected in th	e count for t	this column.	_		· <u>-</u>			· <u>-</u>									

"When the NETSS field for a specific risk factor is blank (not marked yes or no), that case will be reflected in the count for this column. Information provided only when case answered positively for the respective risk factor.

Notifiable Disease Surveillance Monthly Report: Hepatitis Risk Factors Cumulative through May, 2004 by Event Date

		Cumu					,												
Risk Factor	Reported Cases	Information Not Available*		Ra	ace			Gender						A	ge				
			White	Black	Other	Unk		Female	Unk	<1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk
					H	epatitis A	<u> </u>												
During the 2 - 6 weeks prior to illness:												,							
Child/employee daycare	1			1				1					1						
Household contact to child in daycare																			
Contact to case																			
Sexual																			1
Household	4				4		1	3			1	3							1
Other																			1
Foodhandler																			
Consume raw shellfish																			
Part of common-source outbreak																			
Travel																			
South/Central America																			
Africa																			
Caribbean																			
Middle East																			
Asia/South Pacific																			
Australia/New Zealand																			
Other	1				1		1				1								
Duration																			
1 - 3 Days																			ı
4 - 7 Days																			
More than 7 Days	1				1		1				1								
Total Reported Cases	11	2																	
					H	epatitis I	3												
During the 6 weeks - 6 months prior to illness:																			
Contact to case																			
Sexual																			
Household																			
Other																			
Employed in medical/dental field																			
Receive blood products																			
Associated with dialysis or kidney transplant unit																			
Inject street drugs	1		1					1						1					
Sexual Preference																			
Heterosexual	1		1					1						1					
Homosexual																			
Bisexual	1		1				1								1				ı
Unknown																			
Number of sex partners																			
None																			
One	2		2				1	1						1	1				
2 - 5																			
More than 5																			
Unknown																			
Dental surgery																			
Other surgery																			
Acupuncture																			
Tattoo																			
Accidental needle stick																			
Object contaminated with blood																			
Received 3 dose hepatitis B series																			
Yes																			
No			2				1	1						1	1				
Total Reported Cases	2	0												1	_				
*When the NETSS field for a specific risk factor is blank (not marked				deter enderson	1								L	1	l	L	1		

When the NETSS field for a specific risk factor is blank (not marked yes or no), that case will be reflected in the count for this column. Information provided only when case answered positively for the respective risk factor.

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable Month: May, 2004 by Date of Report

Disease	Reported Cases		R	ace			Gender	, 200	J		- 1		А	ge					Previous Year
Distast		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2003
		•		'		•		Gastrointe	tinal Disea		II.	II.				II.			
Campylobacteriosis	1	1				1											1		
E-Coli 0157:H7																			
Giardiasis	10		1	4	5	6	4			6	1	2		1					2
Salmonellosis	2	1			1		2					1		1					6
Shigellosis	2	1			1		1	1					1		1				
Total	15	3	1	4	7	7	7	1	0	6	1	3	1	2	1	0	1	0	8
						_		Hepatiti	A, B, and	С									
Hepatitis A																			
Hepatitis B																			
-Acute																			3
-Chronic	1				1		1							1					8
-Perinatal	6				6		6					2	4						8
Hepatitis C																	,		
-Acute																			
-Chronic	12	8		1	3	5	7						2	4	4	2			38
Total	19	8	0	1	10	5	14	0	0	0	0	2	6	5	4	2	0	0	57
			1	1			Bacte	rial Menin	gitis and Ba	ecteremia	ı	ı		1	ı	ı	ı		
Neisseria meningitidis Disease																			
Bacteremia and meningitis caused by:																			
Haemophilus influenzae	1	1				1									1				1
Group A Streptococcus	5	2	1		2	2	2	1			1			1		2	1		2
Listeria monocytogenes																			
Other Bacteria																			
Total	6	3	1	0	2	3	2	1	0	0	1	0	0	1	1	2	1	0	3
								DR:	SP/VRE										
DRSP																			2
VRE																			11
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
								C	ther										
Invasive Group B Streptococcus	2	1	1			1	1								1		1		7
Lyme Disease	3				3	1	2					2		1					
Rocky Mountain Spotted Fever	3	3				2	1			2		1							1
Enterohemorrhagic E coli, shiga +	1				1		1			1									
Malaria	1				1		1			1									
Total	10	4	1	0	5	4	6	0	0	4	0	3	0	1	1	0	1	0	8
Total of Communicable Diseases	50	18	3	_	94	19	29			10	2	8	7	9	7	4	3	0	89
1 otal of Communicable Diseases	30	18	3	5	24	19		2 ccine-nrev	0 entable Dis		Z	8		y		4	3	יי	89
Dinhthoria	1						V.	.come-prev	catable DE	cuses									
Diphtheria Influenza-like Illness																			4
Measles																			4
Mumps																			
Pertussis	1	1					1			1									
Tetanus	<u> </u>	- 1					1			1									
Total	1	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	4
Rlank space - No report received	*Reported as confirmed		v		U	· ·		v	<u> </u>			U		U	U	U	v	ď	**

Blank space = No report received

*Reported as confirmed cases

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable

Cumulative Through May, 2004 by Date of Report

Disease	Reported Cases		D.	ace		1110	Gender	811 111	uy, 20	or by	Date	UI IV		ge					Previous Year
Disease	Reported Cases	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	April, 2003
		White	Dinen	Outer	Ciii	Marie		Gastrointe			10 10	20 20	00 00	10 10	50 55	00 00	70.	Cim	
Commission	7	4			3	5	2				1	2	1	1	1		1		1
Campylobacteriosis E-Coli 0157:H7		4			3	3	L		<u> </u>		1	2	1	1	1		1		
	16		2	4	10	11	5		-	8	3	3		2					6
Giardiasis		4	2	1			9	1			3		4		1	1			
Salmonellosis	16		Z	1	9	6				2		4		4		1			17
Shigellosis	6	3	_	_	3	3	1	2		3		_	2		1				5
Total	45	11	4	5	25	25	17	3	0	13	4	9	7	7	3	1	1	0	29
		_	T				ı	Hepatitis	s A, B, and	1	Т	T	I	T	ı	T	Т		
Hepatitis A	11	2	2	5	2	6	5			1	4	2		3	1				3
Hepatitis B			1				ı	I		1	Т	1	I	ı	ı	ı	Т		
-Acute	2	2				1	1						1	1					9
-Chronic	8		1		7	5	3						2	5	1				19
-Perinatal	16				16		16				1	8	7						14
Hepatitis C													1						
-Acute	8	2	5	1		4	4					2	1	4	1				
-Chronic	96	50	22	2	22	63	30	3	1		1	2	13	45	26	5	3		206
Total	141	56	30	8	47	79	59	3	1	1	6	14	24	58	29	5	3	0	251
							Bacte	rial Menin	gitis and Ba	acteremia									
Neisseria meningitidis Disease	1		1			1										1			
Bacteremia and Meningitis caused by:																			
Haemophilus influenzae	3	2	1			1	2							1	1		1		2
Group A Streptococcus	10	4	2		4	5	4	1			1		1	2	1	2	3		9
Listeria monocytogenes																			
Other Bacteria																			3
Total	14	6	4	0	4	7	6	1	0	0	1	0	1	3	2	3	4	0	14
	•							DR	SP/VRE										
DRSP	7	4	2		1	3	3	1		2		1		1		1	2		10
VRE	16	8	6		2	4	12					1	1	2	1	2	9		28
Total	23	12	8	0	3	7	15	1	0	2	0	2	1	3	1	3	11	0	38
				, ,				C	Other				•		,				
Invasive Group B Streptococcus	9	4	3		2	3	6							1	2	1	5		13
Lyme Disease	4				4	1	3					2		1	1				1
Rocky Mountain Spotted Fever	6	5			1	5	1			2		1	1			1	1		1
Enterohemorrhagic E coli, shiga +	1				1		1			1									
Malaria	1				1		1			1									1
Total	21	9	3	0	9	9	12	0	0	4	0	3	1	2	3	2	6	0	16
Total of Communicable Diseases	244	94	49	13	88	127	109	8	1	20	11	28	34	73	38	14	25	0	348
							V	accine-prev	entable Di	seases			1						
Diphtheria																			
Influenza-like Illness	184*				184			184										184	920
Measles																			
Mumps																		oxdot	
Pertussis	3	2		1		2	1		2	1									6
Tetanus																			
Total	187	2	0	1	184	2	1	184	2	1	0	0	0	0	0	0	0	184	926
*Reported as confirmed cases											1		1						

*Reported as confirmed cases Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Tuberculosis Month: May, 2004 by Date of Report

Site	Reported Cases	Place of	Diagnosis			Race/E	thnicity			J,	Gender	J		-1	<u>-</u>		A	.ge					Comments
	Custs	MHD	Other	White Non-Hisp	Black Non-Hisp	Hispanic	Amer. Ind/Alask. Nat.	Asian/Pac. Islander	Other	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	
New Pulmonary Cases	6	1	5	3	3					5	1			1		1	1	1	1	1			
New Extrapulmonary Cases	1		1		1					1								1					
New Cases in Dual Sites																							
New Homeless Cases	1		1	1						1									1				Total New Cases
Total New Cases	7	1	6	3	4					6	1			1		1	1	2	1	1			May 2003: 3
			•	•						Cumula	ative Throu	gh May, 20	04						•		•	•	•
											Pulmona	ury											
Total Cases	21	4	17	9	12					14	7			3		1	1	12	2	1	1		
					<u>"</u>	<u>"</u>	,				Extrapulmo	onary		,			<u> </u>						
Total Cases	4		4		4					3	1						1	1	1		1		
	•	-		-		•					Dual Sit	es			ļ								
Total Cases																							
Total Cuses											All Site	·s											
Total Cases	25	4	21	9	16					17	8			3		1	2	13	3	1	2		
Total Homeless Cases	7	2	5	3	4					6	1					•	2	5	1	1	2		
Total Drug-resistant Cases	<u> </u>	- 2	•		-					_								,					Cumulative Total Thru
Total Multi-drug resistant Cases																							May 2003: 23
Total Cases with HIV Co- infection	6		6	1	5					4	2							4	2				May 2003. 23
Total Cases Foreign Born < 5				<u> </u>						-*-								4	2				
Years Total Cases Foreign Born > 5 Years	2		2	1	1					1	1					1	1	1					
Blank space = No report received						1	l					l	•	l				-	l	1	l	1	

Blank space = No report received

Definitions and Technical Notes

1. Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS): Effective January 1, 2000, the Centers for Disease Control & Prevention (CDC) has established a new case definition for HIV infection in adults and children that includes revised surveillance criteria for HIV infection and incorporates the surveillance criteria for AIDS. For adults and children aged \geq 18 months, the HIV surveillance case definition includes laboratory and clinical evidence specifically indicative of HIV infection and severe HIV disease. For children aged <18 months (except for those who acquired HIV infection other than by perinatal transmission), the HIV surveillance case definition updates the definition in the 1994 revised classification system. The revised case definition includes HIV nucleic acid (DNA or RNA) detection tests and permits reporting of cases based on the result of any test licensed for diagnosing HIV infection in the U.S. The entire case definition may be found in MMWR, December 10, 1999 / Vol.48 / No. RR-13.

Effective January 1, 1993, the CDC expanded the AIDS surveillance to include all HIV infected adolescents and adults aged greater than or equal to 13 years who have either a) less than 200 CD4+ T-lymphocytes/uL; b) a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14%; or c) any of the following three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. The expanded definition retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987.

- 2. <u>Sexually Transmitted Diseases (STDs)</u>: Sexually transmitted diseases are infections one can acquire by having sex (vaginal, oral, and/or rectal) with another who has the infection. Viruses or bacteria can cause STDs. Although there are many types of STDs, only HIV/AIDS, chlamydia, gonorrhea, and syphilis are required to be reported to the health department and are presented in this report. HIV/AIDS cases are tabulated separately from other STDs for programmatic reasons.
- 3. <u>Communicable/Vaccine-preventable Diseases</u>: Communicable diseases in this report are a selected group of notifiable diseases that are reported to the Metropolitan Health Department of Nashville and Davidson County (MHD) regularly (other than AIDS/HIV, STDs, and TB). Other communicable diseases not listed in this report may be added as needed. Communicable diseases make up the largest portion of notifiable diseases, which are diseases that are required by law to be reported to the health department. Diseases that can be prevented by immunization include influenza, measles, mumps, polio, rubella (German measles), pertussis, diphtheria, tetanus, *Haemophilus influenzae* type b, hepatitis B, varicella (chickenpox), and others. Influenza, measles, diphtheria, mumps, pertussis, and tetanus are the six vaccine-preventable diseases listed regularly in this report, although others may be included as needed.
- 4. <u>Tuberculosis</u>: A chronic bacterial infection caused by <u>Mycobacterium tuberculosis</u> (MTB), characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved. A verified case of TB is a case that has laboratory confirmation of <u>Mycobacterium tuberculosis</u> (i.e., positive culture for MTB) or, in the absence of laboratory confirmation, a case that meets the clinical case definition. A clinical case meets all of the following criteria: 1.) It has a positive tuberculin skin test. 2.) Other signs and symptoms compatible with tuberculosis (e.g., an abnormal, unstable [i.e., worsening or improving] chest radiograph, or clinical evidence of current disease are present. 3.) There is treatment with two or more antituberculosis medications. 4.) A completed diagnostic evaluation. Because verification of a tuberculosis case according to the case definition as described above requires 6 8 weeks or longer, a case may be reported to the Tennessee Department of Health (TDOH) and presented in this report one to two months or longer after evaluation and care was initiated for the case. Following evaluation for tuberculosis, some persons are determined to not have a laboratory confirmation of MTB or to meet the clinical case definition for the disease, and are therefore not reported to the TDOH.

A TB case should not be counted twice within any consecutive 12-month period. However, cases in which the patients had previously had verified disease should be reported again if the patients were discharged from treatment. Cases also should be reported again if patients were lost to supervision for greater than 12 months and disease can be verified again. Mycobacterium diseases other than those caused by M. tuberculosis complex should not be counted in tuberculosis morbidity statistics unless there is concurrent tuberculosis. (Centers for Disease Control & Prevention case definition).

Information pertaining to tuberculosis cases who were homeless is provided beginning in December, 2000. Homeless is defined as:

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence; or
- (2) An individual who has a primary nighttime residence that is:
 - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
 - (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless person may also be defined as a person who has no home, e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends. Another definition is a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels which are not designated for permanent long-term housing. The term homeless is applied to any patient who meets the definition of homeless at any time during the 12 months prior to the time when the TB diagnostic evaluation was performed. (Definition from the TIMS User's Guide).

- 5. <u>Surveillance</u>: Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness. By observing trends in time, place and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include (1) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (2) laboratory diagnoses; (3) outbreak reports; (4) vaccine utilization-uptake and side effects; (5) sickness absence records; (6) disease determinants such as biological changes in agent, vectors, or reservoirs; (7) susceptibility to disease, as by skin testing or serological surveillance (e.g., serum banks). This definition was taken from "A Dictionary of Epidemiology" third edition, edited by John M. Last, and published in 1995.
- 6. Event Date: Event date is defined as the earliest known date associated with the incidence of the disease. This date may be the date of disease onset, the date of clinical diagnosis, laboratory diagnosis, report to county health department, report to state health department, or as a last resort, any date associated with the case. For purposes of this report, event date is the date of laboratory diagnosis.
- 7. Report Date: Report date is defined as the date that the disease was reported to the Tennessee Department of Health. The report date is always a Saturday. For example, diseases displayed in this report by report date reflect those cases reported to the Tennessee Department of Health from the week ending the second Saturday of the month of the report to the week ending the first Saturday of the current month.

- 8. <u>NETSS</u>: National Electronic Transmitting Surveillance System
- 9. NEDSS: National Electronic Disease Surveillance System
- 10. TIMS: Tuberculosis Information Management System
- 11. HARS: HIV/AIDS Reporting System
- 12. Cumulative totals for STD's, communicable diseases and vaccine-preventable diseases represent only the totals in 1999 and 2000 through the respective month being reported on in 1999 and 2000.

13. HIV/AIDS/STD data:

- ♦ Provided by: Dan McEachern, Division of STD Control, and Nancy Horner
- ♦ Date: June 2, 2004 and June 4, 2004.
- ♦ Data Source: STD cases entered into the NETSS database by report date.
- ♦ HIV/AIDS cases entered into the HARS database during the calendar month of the report.
- ♦ Please note: Number of cases of HIV/AIDS may include both Davidson County residents and non-Davidson County residents. Resident vs. non-resident status is indicated page ten. STD data presented is Davidson County resident data only.

14. Communicable/Vaccine-preventable diseases data:

- ♦ The data used to prepare the Communicable/Vaccine-preventable Diseases portion of this report were downloaded from NETSS and NEDSS on June 4, 7, and 8, 2004 at the Metropolitan Health Department of Nashville and Davidson County by Nancy Horner, Division of Epidemiology.
- ♦ Data presented is Davidson County resident data only.

In June 2000, changes were made in how bacterial meningitis and bacteremia are presented in the report. These changes were made to 1) make the data more easily interpreted and 2) to more closely represent the manner in which the diseases are reported to CDC through NETSS. The NETSS event numbers used to report these bacteria to the CDC include both cases of meningitis and bacteremia caused by the bacteria. In order to determine whether a reported case is meningitis or bacteremia requires entry into the secondary screens of the NETSS system where laboratory specifics are entered, such as 1) specimen from which the organism was isolated (blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, joint, placenta, amniotic fluid, and other) and 2) type of infection caused by the organism (primary bacteremia, meningitis, otitis media, pneumonia, cellulitis, epiglottitis, peritonitis, pericarditis, septic abortion, amnionitis, septic arthritis, conjunctivitis, other); and 3) serogroup. This report will provide only the total numbers for the represented categories. For specific information pertaining to numbers of bacterial meningitis vs. bacteremia, contact Pam Trotter at Ext. 632.

The bacteria included in the "Other Bacteria" category include: Group B streptococcus, *Streptococcus pneumoniae*, Escherichia coli, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Klebsiella* species, Enterobacter species, *Serratia* species, Actinobacter species, Group D streptococcus, and other streptococcus.

NEDSS is an initiative to promote data and information system standards for disease surveillance. It is aims to promote data and information system standards for disease surveillance. The goal of NEDSS is the development of efficient, interoperable, and integrated surveillance systems at federal, state, and local levels by facilitating the electronic transfer of appropriate information from clinical information systems in the health care industry to public health departments.

In Nashville, communicable disease data began to be entered into the NEDSS database in March 2004. Data was entered into the NETSS database as well for comparison/quality check purposes until April 19, 2004. As of April 19, 2004, NEDSS became the primary data management system for communicable disease data in place of NETSS, except for follow-up to any cases previously entered into NETSS. Data for those cases will be managed in the NETSS system until the case is closed. For that reason, beginning with the April 2004 report, communicable disease data will be run from both the NEDSS and NETSS systems until all cases are closed in NETSS.

15. Tuberculosis data:

- Data pertaining to numbers of drug-resistant cases provided by Division of Tuberculosis Elimination.
- ◆ Date:
- Nancy Horner, Division of Epidemiology, ran the tuberculosis data from the TIMS database on June 3, 2004.
- ◆ Data Source: TIMS. Tuberculosis cases presented in this report reflect surveillance of new cases based on calendar month of report.
- ♦ Please note: Cases presented are primarily Davidson County residents, but may include some cases diagnosed, treated, and managed in Davidson County but residing in another county. Those cases not Davidson County residents will be so indicated on the report.

Because determination of drug/multi-drug resistance may require as long as 2 months, beginning with the October 2001 report this information will presented only as cumulative data. Similarly, HIV reports may not be available to accurately reflect by month the HIV status of each case so HIV Co-infection status will presented as cumulative data only.

In September of 2001, maps were added to the report. The maps are geographical representation of individual cases of diseases. The maps are produced using ArcView GIS Version 3.0.

In May of 2002, information pertaining to risk factors for hepatitis A and B were added to the report.